

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000007151

1. Entity Name

PHYSICALLY CHALLENGED ARTISTS OF AMERICA, L.L.C.

Principal Place of Business*

Mailing Address

3734 WEST OAKLAND PARK BLVD.
LAUDERDALE LAKES FL 33311

3734 WEST OAKLAND PARK BLVD.
LAUDERDALE LAKES FL 33311

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number



DO NOT WRITE IN THIS SPACE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MURPHY, WILLIAM M
4300 NORTH UNIVERSITY DRIVE, D-103
LAUDERHILL FL 33351

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

800004163018--9
-05/08/01--01117--003
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
MURPHY, WILLIAM M
4300 NORTH UNIVERSITY DRIVE, D-103
LAUDERHILL FL 33351 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
COHEN, BARRY
3734 WEST OAKLAND PARK BLVD.
LAUDERDALE LAKES FL 33311 ☐ Delete

TITLE
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CITY-ST-ZIP
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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

WILLIAM MURPHY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/17/01

Date

954-746-2224

Daytime Phone #

0012214 AF

CR2E083 (11/00)